



STATE OF RHODE ISLAND and PROVIDENCE PLANTATIONS
DEPARTMENT of ADMINISTRATION
Division of Taxation
Excise Tax Section
One Capitol Hill, Providence, RI 02908-5800
(401)222-4230 FAX (401)222-6314

ALCOHOLIC BEVERAGE IMPORT SERVICE FEE RETURN

For the Month of _____ 199____ License # _____
Wholesaler _____
Mailing Address _____
City, State, Zip _____

INSTRUCTIONS

FILING DATE - This return is to be filed with the R I Division of Taxation on or before the 5th business day after the close of the calendar month. Payment must accompany this return. **THIS RETURN MUST BE FILED MONTHLY.**

COMPUTATION OF FEE - Enter the total gallons of each type received during the above filing period, less credits (military, out of state sales). Multiply this amount by the applicable rate to determine the fee due for each category. Add lines 1 thru 8 under the "Fee Due" column and enter the result on line 9. Carry the amount on line 9 to line 11 if interest is not applicable.

NOTE: Low proof distilled spirits are 30 proof or below

FEE COMPUTATION SCHEDULE

	TYPE	GALLONS RECEIVED	LESS CREDIT GALLONS	NET GALLONS RECEIVED	RATE per GALLON	FEE DUE
1	Distilled Spirits				x \$ 3.75	
2	Low Proof Distilled Spirits				x 1.10	
3	Ethyl Alc -Medicinal Purposes				x 3.75	
4	Ethyl Alc - Beverage Purposes				x 7.50	
5	Ethyl Alc - Non Bev Purposes				x .08	
6	Still Wine				x .60	
7	Spklg Wine				x .75	
8	Malt Beverage Barrels				x 3.00 per Barrel	
9	TOTAL FEE DUE					
10	Interest					
11	TOTAL AMOUNT DUE					

CERTIFICATION

The undersigned _____, hereby

PRINT NAME & TITLE

Certifies that he/she is properly authorized to sign this return, that he/she has personal knowledge of the figures and that this return and the information herein contained are true. The undersigned also hereby declares that this return is made under the penalty of perjury.

DATE

SIGNATURE